



**Monthly Report of Operation
Vertical Loop Reactor
Wastewater Treatment Plant**

State Form 10829 (R/12-2005)

Page 1 of 4

Name of Facility		Permit Number	
Month	Year	Plant Design Flow mgd	Telephone Number
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
							Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs (optional)	Susp. Solids - mg/l	Susp. Solids - lbs (optional)	Phosphorus - mg/l	Ammonia - mg/l		
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Maximum																			
Minimum																			
No. of Data																			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation Vertical Loop Reactor Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
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(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

[illegible]

Comments for the Month (major repairs, breakdowns, process upsets and their causes, implant treatment process bypass, etc.).

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(SIGNATURE OF CERTIFIED OPERATOR)	(DATE)
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)	

Day Of Month	FINAL EFFLUENT															
	Flow		Dissolved Oxygen - mg/l	Phosphorus - mg/l	BOD				Total Suspended Solids				Ammonia			
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average			CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
	BOD5	S.S.	Ammonia	Phosphorus	
Percent Removal					
					Percent Capacity (actual flow/design)

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Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Waste Act. Sludge Gal. x 1000		Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251